

Ogden Association of the Blind Application for Membership



Name of applicant: _____

Address: _____

Phone number: _____

E-Mail: _____ Birth Month/Day: _____

_____ Totally Blind

_____ Legally Blind (Visual acuity no more than 20/200 or visual field subtends an angle no more than 20° in best eye with best correction)

_____ Visually Impaired (Visual acuity no more than 20/70 or visual field subtends an angle no more than 20° in best eye with best correction)

_____ Sighted

List two references (not related to you):

Name _____ Phone number _____

Name _____ Phone number _____

Who is your sponsor?

Name _____ Phone number _____

Turn over to continue on second page

What are your reasons for wanting to join the OAB?

How did you hear about the OAB?

Your application will be voted on at the next OAB Board meeting. If you are approved, you will be voted on at the next general meeting. You should be in attendance. Applications should be submitted to the membership chairman with one year's dues (\$15). Bring to meeting or mail to: OAB, P.O. Box 150032, Ogden, UT 84415.

If you have any questions, call the OAB phone number:

(801) 917-4830